

DECLARATION
Utility Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **TREATMENT OF AUTOIMMUNE THYROID DISEASE BY INDUCING THE EXPRESSION OF CHEMOKINES AND OTHER CHEMOATTRACTANTS WHICH INITIATE T LYMPHOCYTE ACTIVATION** the specification of which

(Check One) ☒ is attached hereto OR
☐ was filed on _____ as United States Application Serial No. 08/123,234 or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Date of Filing | Priority Claimed | |
|--|---------|----------------|------------------|----|
| | | | Yes | No |
| | | | | |

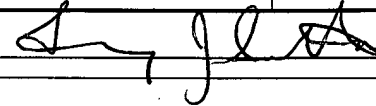
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date |
|-----------------------|-------------|
| | |

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application Number | PCT Parent Number | Parent Filing Date | Status-Patented, Pending or Abandoned |
|-----------------------------------|-------------------|--------------------|---|
| | | | |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | | | | |
|----------------------|-------------------------|---|--------------------------------|-------------------------------|-------------------|
| 201 | FULL NAME OF INVENTOR | FIRST Name Terry | MIDDLE Initial | LAST Name Smith, M.D. | |
| | RESIDENCE & CITIZENSHIP | City Manhattan Beach | State or Foreign Country CA | Country of Citizenship USA | |
| | POST OFFICE ADDRESS | 7 Marin Court | City Manhattan Beach | State or Country CA | Zip Code 90266 |
| INVENTOR'S SIGNATURE | |  | | DATE 9/29/00 | |

| | | | | | |
|----------------------|-------------------------|------------|--------------------------|------------------------|----------|
| 202 | FULL NAME OF INVENTOR | FIRST Name | MIDDLE Initial | LAST Name | |
| | RESIDENCE & CITIZENSHIP | City | State or Foreign Country | Country of Citizenship | |
| | POST OFFICE ADDRESS | | City | State or Country | Zip Code |
| INVENTOR'S SIGNATURE | | | | DATE | |

| | | | | | |
|----------------------|-------------------------|------------|--------------------------|------------------------|----------|
| 203 | FULL NAME OF INVENTOR | FIRST Name | MIDDLE Initial | LAST Name | |
| | RESIDENCE & CITIZENSHIP | City | State or Foreign Country | Country of Citizenship | |
| | POST OFFICE ADDRESS | | City | State or Country | Zip Code |
| INVENTOR'S SIGNATURE | | | | DATE | |

| | | | | | |
|----------------------|-------------------------|------------|--------------------------|------------------------|----------|
| 204 | FULL NAME OF INVENTOR | FIRST Name | MIDDLE Initial | LAST Name | |
| | RESIDENCE & CITIZENSHIP | City | State or Foreign Country | Country of Citizenship | |
| | POST OFFICE ADDRESS | | City | State or Country | Zip Code |
| INVENTOR'S SIGNATURE | | | | DATE | |

| | | | | | |
|----------------------|-------------------------|------------|--------------------------|------------------------|----------|
| 205 | FULL NAME OF INVENTOR | FIRST Name | MIDDLE Initial | LAST Name | |
| | RESIDENCE & CITIZENSHIP | City | State or Foreign Country | Country of Citizenship | |
| | POST OFFICE ADDRESS | | City | State or Country | Zip Code |
| INVENTOR'S SIGNATURE | | | | DATE | |

00604634.400600

Applicant or Patentee: TERRY SMITH, M.D.Serial or Patent No. : Not Yet AssignedFiled or Issued: HerewithFor: TREATMENT OF AUTOIMMUNE THYROID DISEASE BY INDUCING THE EXPRESSION OF
CHEMOKINES AND OTHER CHEMOATTRACTANTS WHICH INITIATE T LYMPHOCYTE ACTIVATION**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) and 1.27(d)) -- NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: HARBOR-UCLA RESEARCH AND EDUCATION INSTITUTEADDRESS OF ORGANIZATION: 1124 West Carson Street, Torrance, California 90502-2064

TYPE OF ORGANIZATION

- ☐ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
- ☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3))
- ☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)
- ☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA
- ☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the above-entitled invention described in

- ☒ the specification filed herewith
- ☐ the application serial no. _____, filed _____.
- ☐ patent no. _____, issued _____.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME HARBOR-UCLA RESEARCH AND EDUCATION INSTITUTEADDRESS 1124 West Carson Street, Torrance, California 90502-2064☐ Individual☐ Small Business Concern☒ Nonprofit Organization

NAME _____

ADDRESS _____

☐ Individual☐ Small Business Concern☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Daniel Hollander, M.D.TITLE OF PERSON SIGNING President/CEOADDRESS OF PERSON SIGNING 1124 West Carson Street, Torrance, California 90502-2064SIGNATURE  DATE 9/29/2000